Under the Paperwor	k Reduction Act o	f 1995, no persons are require	ed to respond	to a collectio	n of information unl	less it displays a v	alid OMB control number.
Fees oursuant to the C	onsolidated Annro	priations Act, 2005 (H.R. 4818	, L	Complete if Known			
				ion Number	10/723,522		
FEE TRANSMITTAL				ite	November 26, 20	03	
for FY 2006				med Inventor	Jean-Jacques Codani, et al.		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Lori A. Clov			
·			Art Unit		1631		
TOTAL AMOUNT OF PAYMENT		(\$) 50		Docket No.	GIO-001.01		
METHOD OF PAY	MENT (check	all that anniv)					
			7 04 - 7	1	2.3		
		Ioney Order None	-				
Deposit Account Deposit Account Number: 06-1448 Deposit Account Name: Foley Hoag LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
_			r is hereby a				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments							
Une WARNING: Information	der 37 CFR 1.16	and 1.17 ay become public. Credit car	d information	should not l	be included on this	s form. Provide or	redit card
information and author	orization on PTO-	2038.					
FEE CALCULATI	ON						
1. BASIC FILING		ND EXAMINATION FE	ES				
	FILING		SEARCH F			IATION FEES	
Application Ty	pe Fee (\$	Small Entity) Fee(\$)	Fee(\$)	Small Enti Fee(\$)	ty Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)
Utility Utility	300		500	250	200	100	rees Paid (\$)
Design	200		100	50	130	65	
Plant	200		300	150	160	80	
Reissue	300		500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLA							Small Entity
Fee Descriptio						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues)						200 360	100
Multiple dependent claims							180
Total Claims				Fee Paid (\$)			Dependent Claims
		x <u>25</u> =	<u>50</u>			Fee (\$	Fee Paid (\$)
Indep. Claims		paid for, if greater than 20.		D-1-1 (C)			
	or HP= 0	Claims Fee(\$)	0	Paid (\$)			
		x <u>∪</u> — nt claims paid for, if greater the					
3. APPLICATION		nt cianna para ior, ii greator un	un o.				
		exceed 100 sheets of paper	r (excluding	electronical	ly filed sequence	or computer	
		2(e)), the application size					ıl 50
		See 35 U.S.C. 41(a)(1)(G					
<u>Total Sh</u>					r fraction there	of Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 = (round up t	o a whole r	number) x		
4. OTHER FEE(S) Fees Paid (\$)							
		n, \$130 fee (no small entity	y discount)				
Other (e.g	., late filing sur	charge):					
SUBMITTED BY							
1.00 C	Lenning w			Registration No.	ACCE.	110000	
Signature	/Stephen B. Deut			Attorney/Agent)	46,663	Telephon	14-07-0-0-0
Name (Print/Type)	Stephen B. Deuts	sch				Date	September 7, 200

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 58 US C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes be complete, including gathering, present and submiting the complete including control of the USPTO to process and submiting the comments on the amount of the pure queative complete in the son advantagement and submiting the control of the pure queative complete in the formation of the supervision of the pure queative complete in the son advantagement of the supervision of the pure queative complete in the son advantagement of the supervision of the pure queative complete in the supervision of the pure queative complete in the supervision of the supervision of the pure queative complete in the supervision of the supervision of the pure queet or the pure queet or the confidence of the supervision of the pure queet or the pure queet or the confidence of the supervision of the supervis